

2016 DAY CAMP HEALTH FORM

LaGrange Recreation
120 Stringham Road
LaGrangeville, NY 12540

Phone: 452-1972, Fax: 473-7079

(Please check) Session(s) Child is Attending
Session 1 _____
Session 2 _____
Session 3 _____

Must be completed to attend camp. Immunization records required.

Name _____ Birth Date _____ Sex _____ Age _____

Parents or Guardians _____ Phone: _____

Mom's Cell: _____ Dad's Cell: _____ E-Mail: _____

Home Address _____

Street & Number City State Zip Code

Father's Business Address _____ Phone _____

Mother's Business Address _____ Phone _____

If not available in an emergency, notify:

Name _____ Relationship _____ Phone _____

Address _____

Street & Number City State Zip Code

Health History: (Check & give approx. dates)

DIAGNOSIS

Frequent Ear Infections _____
Heart Defect/Disease _____
Convulsions _____
Diabetes _____
Bleeding/Clotting Disorders _____
Hypertension _____
Mononucleosis _____
Asthma _____
Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin Sensitivity _____
Other Drugs _____

ADHD _____
Autism _____
PDD _____
Speech/Hearing Impairment _____
other concerns _____

Physical Disability or recurring illness _____

Learning Disability _____

Any specific activities to be encouraged or limited by physician's advice:

Can this child go underwater? _____

Dietary Modifications: _____

Current Medications (send with instructions): _____

(For Females): Has this person menstruated? _____ If not, has she been told about it? _____

Name of Dentist/Orthodontist _____ Phone _____

Name of Family Physician _____ Phone _____

Date of Last Physical Examination _____

Do you carry medical/hospital insurance? _____ Policy or Group # _____

OVER, signature required

Please do not place grouping requests on this form.

ALL 4 BULLETED SECTIONS MUST BE COMPLETED



Photo Release:

I hereby grant the Town of LaGrange permission to use my child's photograph, video picture and/or other digital reproduction of him/her or of his/her physical likeness for publication and/or promotional purposes of LaGrange Parks & Recreation activities.

_____Accept _____Decline




Parent/Guardian Signature _____ **Date** _____



PERMISSION/ AGREE TO HOLD HARMLESS:

As the participant signed below, knowing fully that the Town of LaGrange Parks and Recreation Department provides the program activity, and or special event and all aspects associated with these being; Facility(s), Instructor(s), Equipment and Supervision, I hereby: 1. Agree to furnish my own insurance in case of injury, 2. Assume all risks and responsibilities of possible injury involved with participating in this program, activity, and or special event, 3. Testify that I am in sound health and capable of participating in the registered program, 4. Further agree to indemnify and hold harmless the Town of LaGrange, Parks & Recreation Department or employees, to include volunteers, from liability resulting from my participation in this program, activity or special event.

 **Parent/Guardian Signature** _____ **Date** _____



In case of emergency, I hereby give permission to the medical personnel selected by the camp, in my absence, to act as my agent in securing proper medical treatment for my child as named above, including hospitalization, routine tests, X-rays and other medical treatment. Every possible effort will be made to contact parents in the event of an emergency.

 **Parent/Guardian Signature** _____ **Date** _____



I give the Town of LaGrange and Recreation Staff permission to apply to my child the following topical ointments if needed while participating in our program:

Neosporin: YES _____ NO _____

Deet-Free bug spray: YES _____ NO _____

Sunscreen: YES _____ NO _____

 **Parent/Guardian Signature** _____ **Date** _____